

**IRS DCN** ▶

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Your first name and initial (If joint return, also give spouse's name and initial.)		Last name		Your Social Security Number		1										
Spouse's first name and initial.		Last name		Spouse's Social Security Number		2										
Present home address (number and street including apartment number or rural route)				Daytime Telephone Number												
City, town, or post office				State		ZIP										

2004

### Tax Return Information

**Balance Due**    ,    ,    .  00

Refund due 

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**Direct Deposit of Refund (Optional)** ☐ **or Direct Debit (Optional)** ☐

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\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, 00

[illegible]

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**Full Payment**  **Partial Payment** 

### Declaration of Taxpayer

- ☐ I consent that my refund will be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ I do not want direct deposit of my refund or am not receiving a refund.
- ☐ I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my State taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and returns.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. \_\_\_\_\_  
Your signature                      Date                      Spouse's signature (if joint return)                      Date

**You must retain this form along with the state copy of your supporting W2s and 1099s for a minimum of 3 years. DO NOT MAIL.**